## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 23, 2008 8:00 am Secretary of State

5

1. Entity Nam	MENT # P0600010 SYC FX, INC.	)4007				05-05-2008	8 90472 001 **	*300.00
Principal Place of Business 1000 W. MCNAB ROAD FORT LAUDERDALE, FL 33069		Mailing Address P. O. BOX 190703 FORT LAUDERDALE, FL 33319					raeveāl II lagr	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302008	Chg-P	CR2E034 (12/06	i)	
City & State		City & State	City & State		4, FEI Numb		<i>VC(III)</i> 2	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Curre	nt Registered Agent	Na	ле	.7Name and	Address of New F	tegistered Agent	
1000 W. M	S, SANDRA ICNAB ROAD IDERDALE, FL 33069		Stroet Address (		P.O. Box Numb	er is Not Acceptable	e)	<del></del>
			Cit	y			FL Zp Co	ode
	named entity submits this statementions of registered agent.	t for the purpose of changing i	ts registered of	ice or register	red agent, or bo	th, in the State of Fl	orida. I am familiar wi	h, and accept
SIGNATURE Signature: typed or printed name of regulared again and title if applicable. (NOTE: Registered Again signature require						<del></del>	DATE	
	E NOWIN FEE IS \$150.00 ny 1, 2008 Fee will be \$55	9. Election Camp 0.00 Trust Fund Cor			.00 May Be led to Fees		<del></del>	
10.	<del></del>	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	
TITLE NAME			TTTLE NAME				Change	: () Addition
STREET ADDRESS CITY-ST-ZIP	P. O. BOX 190703 FORT LAUDERDALE, FL 333	140	STREET ACC CITY-ST-21					
TITLE	P	Delete	TIFLE				☐ Change	: 🔲 Addition
NAME	POMARES, SANDRA C		HAME					
STREET ADDRESS City-St-ZIP	P. O. BOX 190703   ST   FORT LAUDERDALE, FL 33319   CT			RESS				
TITLE		Determe	TITLE		·		☐ Change	Addition
NAME	~		HAME					
STREET ADDRESS CITY-ST-ZIP			STREET ACC City-St-2					
mu		☐ (teless	TITLE				Chenge	Addition
NAME STREET ADDRESS			name Street acc	aree				
CITY-ST-ZIP			CITY-ST-Z					
TITLE		□ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET AND	neces				
CITY-ST-ZIP	İ		STREET ACC					
ITUE		€ Oeleze	TITLE				☐ Change	Addation
NAME			KAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADD City-St-Zi	T T				
12. I hereby indicated	certify that the information supplied on this report or supplemental report or supplemental report or the receiver or trustee et. or on an attachment with an address or on an attachment with a supplemental and a s	rt is true and accurate and that	for the exemption to the signature s	ons contained	same lega! elle	ct as if made under- es; and that my nam	oath; that I am an offic le appears in Block 10	er or director or Block 11 if
SIGNAT	TURE:	Pompaces .				4/390	8 <u>8</u> 88- <i>9,</i>	6-0004